


**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
 A PUBLIC DOCUMENT

**STATEMENT OF ECONOMIC INTERESTS**

 Date Received  
 Official Use Only

**COVER PAGE**

ID - 27872322 87200

Please type or print in ink.

E-Filed on:

03/12/13 14:12:12

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Schenirer, Jay Harry			

**1. Office, Agency, or Court**

Agency Name

CITY OF SACRAMENTO

Division, Board, Department, District, if applicable

Your Position

Mayor and Council Office

City Council

► If filing for multiple positions, list below or on an attachment.

Agency: \*SEE ATTACHED FOR ADDITIONAL POSITIONS

Position:

**2. Jurisdiction of Office (Check at least one box)**
☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of Sacramento

☒ Other multi-Jurisdictions

**3. Type of Statement (Check at least one box)**
☒ **Annual:** The period covered is January 1, 2012, through December 31, 2012

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2012.

☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Check one)

☐ The period covered is January 1, 2012, through the date of leaving office.

☐ **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ **Candidate:** Election Year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 9

☒ **Schedule A-1 - Investments** – schedule attached

☒ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☒ **Schedule A-2 - Investments** – schedule attached

☒ **Schedule D - Income - Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** – schedule attached

-or-

☐ **None - No reportable interests on any schedule**

5.

I have used all reasonable diligence in preparing this statement. I have verified the information herein and in any attached schedules is true and complete. I acknowledge the penalties for providing false information.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

 Date Signed 03/12/2013  
 (month, day, year)

(File the originally signed statement with your filing official.)

Agency	Division, Board, Department, District	Position
Regional Human Rights/Fair Housing Commission	Mayor and Council Office	Member
Sac Metropolitan Cable Commission	Mayor and Council Office	Member
Sac Mutual Housing Association	Mayor and Council Office	Member
Sac Public Library Authority	Mayor and Council Office	Member
CITY OF SACRAMENTO	Sacramento Regional Arts Facilities Financing Authority	Member
Sac Regional Transit	Mayor and Council Office	Member
Sac Transportation Authority	Mayor and Council Office	Member
Sac Employment & Training Agency	Mayor and Council Office	Member
CITY OF SACRAMENTO - Oversight Board	Mayor and Council Office	Member
Sac Local Agency Formation Commission	Mayor and Council Office	Member

**SCHEDULE A-1****Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Schenirer, Jay Harry

## ▶ NAME OF BUSINESS ENTITY

Geron Corporation

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Biotech Company

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
ACQUIRED      DISPOSED

## ▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
ACQUIRED      DISPOSED

## ▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
ACQUIRED      DISPOSED

## ▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
ACQUIRED      DISPOSED

## ▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
ACQUIRED      DISPOSED

## ▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
ACQUIRED      DISPOSED

Comments:

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name _____
<u>Schenirer, Jay Harry</u>

**▶ 1. BUSINESS ENTITY OR TRUST**

Capitol Impact LLC  
Name  
1107 9th Street Ste. 500  
Sacramento Ca 95814  
Address (Business Address Acceptable)

Check one  
☐ Trust, go to 2    ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
<u>Educational Consulting</u>	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/____
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED      DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	____/____/____
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INVESTMENT	
<input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> <u>LLC</u>	Other _____
YOUR BUSINESS POSITION <u>Managing Partner</u>	

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input checked="" type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

☐ None

James Irvine Foundation

The California Endowment

Rockefeller Philanthropic Advisors

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY BUSINESS ENTITY OR TRUST**

Check one box:  
☐ INVESTMENT    ☐ REAL PROPERTY

Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

Description of Business Activity or  
City or Other Precise Location of Real Property \_\_\_\_\_

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/____
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED      DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	____/____/____
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INTEREST	
<input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____	<input type="checkbox"/> Other _____
Yrs. remaining _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

**▶ 1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_

Address (Business Address Acceptable) \_\_\_\_\_

Check one  
☐ Trust, go to 2    ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/____
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED      DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	____/____/____
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INVESTMENT	
<input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> _____	Other _____
YOUR BUSINESS POSITION _____	

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

☐ None

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY BUSINESS ENTITY OR TRUST**

Check one box:  
☐ INVESTMENT    ☐ REAL PROPERTY

Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

Description of Business Activity or  
City or Other Precise Location of Real Property \_\_\_\_\_

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/____
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED      DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	____/____/____
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INTEREST	
<input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____	<input type="checkbox"/> Other _____
Yrs. remaining _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

Comments: \_\_\_\_\_

Additional Single Sources of Income of \$10,000 or more for Capitol Impact LLC

The Stuart Foundation  
ARCHES  
California Education Partners  
ADEPT  
California Alliance for the Arts  
Policy Impact

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Schenirer, Jay Harry

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Capitol Impact LLC

ADDRESS (Business Address Acceptable)

1107 9th Street Ste. 500  
Sacramento CA 95818

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Consulting

YOUR BUSINESS POSITION

Managing Partner

GROSS INCOME RECEIVED

☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☒ Other Partner Distribution  
(Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

\_\_\_\_\_ %      ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None      ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address  
City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

Name

Schenirer, Jay Harry

► NAME OF SOURCE (Not an Acronym)

Downtown Sacramento Partnership

ADDRESS (Business Address Acceptable)  
980 9th Street, Suite 400  
Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Private non-profit bus improvement dist

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 17 / 12	\$ 65.00	State of Downtown Breakfast
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

Keri Thomas

ADDRESS (Business Address Acceptable)  
2800 L Street Suite 745  
Sacramento CA 95816

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Sutter Health

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 29 / 12	\$ 70.00	Ticket to Event - State of the City
04 / 23 / 12	\$ 56.00	Cap to Cap Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

Mindy Romero

ADDRESS (Business Address Acceptable)  
One Shields Ave.  
Davis CA 95616

BUSINESS ACTIVITY, IF ANY, OF SOURCE

UC Davis

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 08 / 12	\$ 25.00	Healthy Regions Luncheon
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

Kaiser Foundation Health Plan, Inc

ADDRESS (Business Address Acceptable)  
6600 Bruceville Road  
Sacramento CA 95823

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Communications/Utilities/Health Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 22 / 12	\$ 127.03	Dinner during Cap to Cap trip
06 / 08 / 12	\$ 55.00	Sac. Metro Chamber Region Luncheon
10 / 19 / 12	\$ 55.00	State of County Luncheon

► NAME OF SOURCE (Not an Acronym)

MOROCH

ADDRESS (Business Address Acceptable)  
2450 Venture Oaks #230  
Sacramento Ca 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Branding/Marketing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 27 / 12	\$ 195.00	Metro Chamber Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

Patrick Mulvaney

ADDRESS (Business Address Acceptable)  
1215 19th Street  
Sacramento Ca 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Restaurant Owner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 23 / 12	\$ 35.00	Thursday Night at Mulvaney's
/ /	\$	
/ /	\$	

Comments:

# **SCHEDULE D** **Income – Gifts**

Name

Schenirer, Jay Harry

► NAME OF SOURCE (Not an Acronym)

Fruitridge Health & Wellness Collective

ADDRESS (Business Address Acceptable)  
2831 Fruitridge Rd  
Sacramento CA 95820

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Health

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 26 / 12</u>	<u>\$ 250.00</u>	<u>OSCA Dinner</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE (Not an Acronym)

Sacramento Regional Transit

ADDRESS (Business Address Acceptable)  
1400 29th Street  
Sacramento CA 95816

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public Transportation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 02 / 12</u>	<u>\$ 150.00</u>	<u>Sacramento Hispanic Chamber Dinner</u>
<u>03 / 23 / 12</u>	<u>\$ 40.00</u>	<u>State of RT Breakfast</u>
<u>05 / 03 / 12</u>	<u>\$ 40.00</u>	<u>Beacon of Hope Event</u>

► NAME OF SOURCE (Not an Acronym)

Daniel Kaufman

ADDRESS (Business Address Acceptable)  
144 2nd Street Lower Level  
San Francisco CA 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-profit consulting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 21 / 12</u>	<u>\$ 120.00</u>	<u>Lunar New Year Dinner</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE (Not an Acronym)

Envision Rx Pharmaceuticals

ADDRESS (Business Address Acceptable)  
1100 Investment Blvd  
El Dorado Hills CA 95762

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 28 / 12</u>	<u>\$ 311.00</u>	<u>Two basketball (King s) tickets/parking</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE (Not an Acronym)

Sacramento Zoological Society

ADDRESS (Business Address Acceptable)  
3930 W Land Park Dr.  
Sacramento CA 95822

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-profit/Zoo

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 03 / 12</u>	<u>\$ 11.00</u>	<u>Blooming Crazy Event</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE (Not an Acronym)

Michael Smith

ADDRESS (Business Address Acceptable)  
3500 American River Drive  
Sacramento CA 95864

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Teichert/Construction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 23 / 12</u>	<u>\$ 56.00</u>	<u>Cap to Cap Dinner</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

Comments: \_\_\_\_\_



**SCHEDULE D**  
**Income – Gifts**

Name

Schenirer, Jay Harry

► NAME OF SOURCE (Not an Acronym)

CalChamber

ADDRESS (Business Address Acceptable)  
1215 K Street 14th Floor  
Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 22 / 12</u>	<u>\$ 32.31</u>	<u>Sacramento Host Brea kfast</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE (Not an Acronym)

California Strategies

ADDRESS (Business Address Acceptable)  
980 Ninth Street Suite 2000  
Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public Affairs Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 05 / 12</u>	<u>\$ 42.56</u>	<u>Holiday Season Celeb ration</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE (Not an Acronym)

MMS Strategies Event

ADDRESS (Business Address Acceptable)  
770 College Town Dr  
Sacramento CA 95826

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 21 / 12</u>	<u>\$ 100.00</u>	<u>Cap to Cap Dinner</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE (Not an Acronym)

Lucas Public Affairs

ADDRESS (Business Address Acceptable)  
1215 K Street Suite #1120  
Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public Affairs Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 18 / 12</u>	<u>\$ 124.00</u>	<u>Basketball Kings Tic ket</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE (Not an Acronym)

Scott Syphax

ADDRESS (Business Address Acceptable)  
424 N 7th Street Suite 250  
Sacramento CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Nehemiah Corporation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 01 / 12</u>	<u>\$ 300.00</u>	<u>51st Annual Crocker Ball</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

Comments: \_\_\_\_\_